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AUTHOR	Blumer, Alice Howard
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ABSTRACT

The programed course was written to help jail officers assume the demands of jail work and emphasizes that, in addition to routine tasks, officers must be fully prepared to serve an important function for society as well-trained, responsible professionals. Much of the officer's job will depend on his ability to make decisions and to avoid the mistakes and disproven beliefs of the past. The course material includes discussions of mistakes which other men and women have made on the job; this anecdotal background material was supplied by Federal Jail Inspectors. This sixth book of the course discusses a number of special prisoners, those whose physical disabilities or mental condition require special treatment and care while they are in jail and the ways in which the jail officer can effectively recognize and handle these people. A final examination for a course in jail operations is appended. (Author/AJ)

OCT 7 1974

Jail Operations

A Training Course for Jail Officers

Programmed Instruction: Book 6: Special Prisoners

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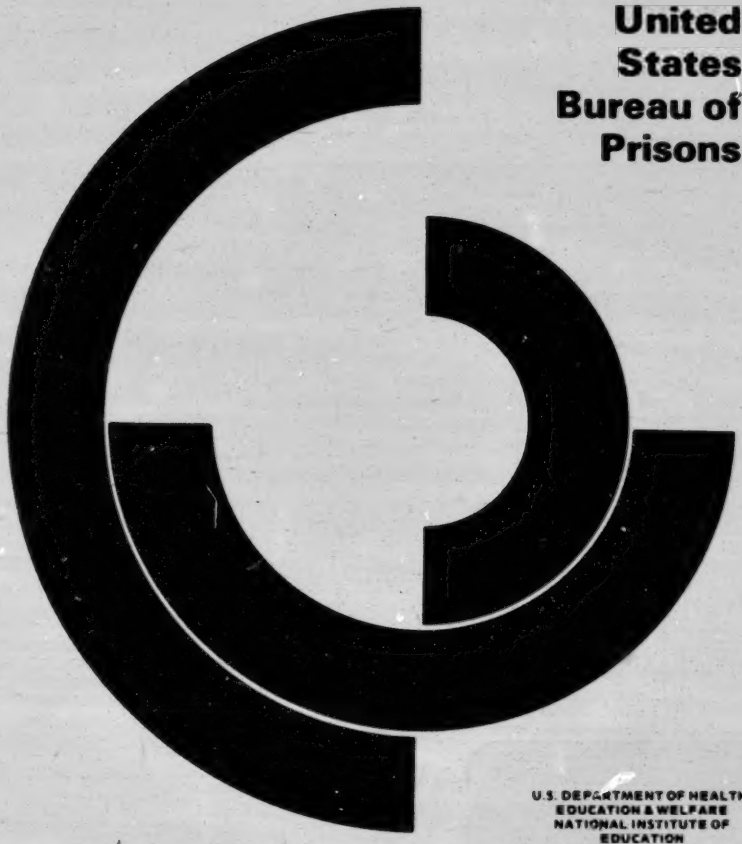
United States Bureau of Prisons



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Jail Operations

A Programmed
Instruction
Course
based on the text,
The Jail:
Its Operation
and Management

Developed by
Alice Howard Blumer

Specialist
University
Extension
The University
of Wisconsin

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Project Directors
Albert D. Hamann, Associate Professor, Institute of Governmental Affairs, University Extension, The University of Wisconsin

H.G. Moeller, Deputy Director, United States Bureau of Prisons

Consultants
Ronald E. Larsen, Manager, Instructional Technology, The NCR Company, Dayton, Ohio

Harry P. Zimmerman, Ph.D., Professor of Education, Program Design and Research, Program and Staff Development Division, University Extension, The University of Wisconsin

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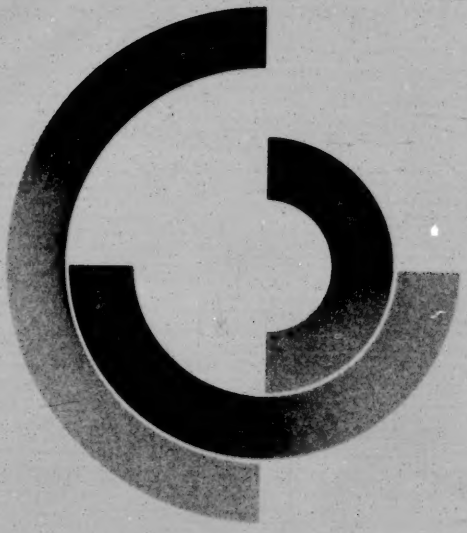
Book Two: JAIL OPERATIONS
Book Three: JAIL CLIMATE
Book Four: SUPERVISION
Book Five: DISCIPLINE
Book Six: SPECIAL PRISONERS

Preface

This course is for jail officers. It was written to help them assume the difficult and challenging demands of jail work. The course emphasizes that, in addition to the routine tasks which officers must learn to perform in the jail, they must also be fully prepared to serve an important function for society as well-trained, responsible professionals. Much of the jail officer's job will depend on his ability to make important decisions and to avoid the mistakes and disproven beliefs of the past. The course material includes discussions of mistakes which other men and women have made on the job; it is hoped that jail officers can learn from these things and avoid making the same errors. Naturally, there can be no substitute for actual on-the-job experience. But it is hoped that by participating in this course, jail officers will be better prepared to perform in a professional, competent manner on the job than if they were required to learn only "by doing".



Alice H. Blumer
Madison, Wisconsin

Acknowledgement

Much of the anecdotal background material found in these pages was supplied by the Federal Jail Inspectors who willingly devoted their time recalling pertinent experiences for the author. The author is indebted to these men; their material has done much to enliven these pages.

The Jail Inspectors also contributed time and effort to the field testing of the material. They are: John L. Anderson, Charles R. Burns, Frank D. Chastain, Merlyn D. Coons, John W. Cossett, Hugh R. Crum, Francis J. Kirkland, John W. McGinnis, Max L. Mustain, Oscar L. Olive, and Hubert H. Raney.

Throughout the development stages of this course, the men of the Dane County Jail, Madison, Wisconsin, have consistently cooperated with and assisted the author, not only by supplying necessary details, but also by carefully reading and responding to the material. The author wishes to thank Sheriff Vernon C. Leslie for allowing free access to the jail. Special thanks go to Captain Otis R. Lund who devoted much time to interviews and supplied needed information to the author. In addition, the following men spent many hours with the author reading and responding to material, and answering endless questions:

Deputy William C. Ludwig
Deputy Edward C. Pohlman

During the evaluation period, eleven jails offered time and manpower to participating in the sometimes long and involved steps necessary for course evaluation. The author wishes to thank the jail administrators and the men and women involved from the following jails:

Ada County Jail, Boise, Idaho
Bexar County Jail, San Antonio, Texas
Chesapeake City Jail, Chesapeake, Virginia
Franklin County Jail, Columbus, Ohio
Hamilton County Jail, Chattanooga, Tennessee
Imperial County Jail, El Centro, California
McCracken County Jail, Paducah, Kentucky
Tulsa County Jail, Tulsa, Oklahoma
Warren County Jail, Bowling Green, Kentucky
Wyandotte County Jail, Kansas City, Kansas
York County Jail, York, Pennsylvania

Note to the Reader

This course has been written in a form known as Programmed Instruction. It is *not a test*. Programmed Instruction enables you to work alone, without a teacher, and at your own pace. To participate in this type of course, all you have to do is read carefully, follow instructions and complete each book. You cannot use this course like a magazine; that is, opening at the middle and flipping through the pages. It is very important that you *begin at the beginning* and read all the material. You will see that, throughout the course, when you read some material, you will be asked to respond to some written questions and then check your answer by comparing it to the printed answer appearing on the following page. This is not, in any way, a test. It is simply a way of helping you to learn and remember the material. You will not be timed while taking this course, so you may go at your own pace, taking a break whenever you feel tired. We think you will enjoy learning in this manner, and hope that you will finish the course with a renewed feeling of pride in your profession and in your ability to perform your job with skill and confidence.

BOOK SIX:
SPECIAL PRISONERS

INTRODUCTION

In this chapter we will discuss a number of special prisoners—those whose physical disabilities or mental condition require special treatment and care while they are in jail—and we will discuss ways in which you, the jail officer, can effectively recognize and handle these people. If you study this chapter carefully, it is hoped that you will be able to avoid some of the serious problems that have arisen in the past when jail officers have failed to recognize dangerous symptoms and have not sought necessary medical help for special prisoners.

A local police officer brings in a new prisoner to be committed to the jail. The officer found the man staggering aimlessly near one of the local bars. The prisoner is glassy-eyed, staggering, trembling, and speaking incoherently.

This prisoner is probably:

1) ___ drunk
2) ___ a diabetic
3) ___ suffering from a head wound
4) ___ suffering from multiple sclerosis

Turn page to check your answer . . .

Answer:

Given this small amount of information, there is no way of knowing the cause of this man's condition. Staggering, thick speech, and trembling occur in *all* of the problems listed.

Often police and jail officers alike make certain assumptions about prisoners which can turn out to be dangerously incorrect. The man arrested in the example you just read may have been merely walking past the bar when the officer arrested him. He might be a diabetic in insulin shock, or he might be afflicted with multiple sclerosis. Or, even if he is intoxicated, he might be suffering from a dangerous head wound and need immediate medical attention. As a jail officer, it is your duty to constantly be alert for symptoms of behavior that might indicate that a prisoner needs special attention and care.

Probably the special prisoner seen most often by the jailer is the "drunk." And since these people are frequently put in jail, officers often tend to become casual in their treatment of them, assuming that they only need to "sleep it off." This may be true of some alcoholics, but there are many others who might become seriously ill or even die if merely left alone to "sleep it off."

It is often difficult to determine, upon admission to the jail, just how serious an intoxicated person's condition is or will be. And sometimes admissions officers admit these prisoners, not realizing that they might require medical attention within a short time. For this reason, whenever "drunks" are being held in jail, it is the responsibility of the jail officers on duty to:

CHECK FREQUENTLY TO DETERMINE IF THE CONDITION OF ANY OF THE PRISONERS HAS CHANGED FOR THE WORSE.

On the next few pages, we will discuss the guidelines which you should use for determining whether or not an intoxicated prisoner's condition has changed for the worse.

While checking prisoners, *ask yourself:*
ARE ANY OF THE INTOXICATED PRISONERS UNCONSCIOUS?
IF SO, DO ANY OF THE UNCONSCIOUS PRISONERS APPEAR TO BE:

- HAVING TROUBLE BREATHING?
- EXTREMELY PALE?
- PERSPIRING HEAVILY?

If you can answer yes to any or all of these last three questions, you should:
CALL THE JAIL PHYSICIAN IMMEDIATELY AND DESCRIBE THE MAN'S CONDITION TO HIM.
THEN: FOLLOW HIS INSTRUCTIONS CONCERNING TREATMENT OF THIS PRISONER.

Failure to act when an intoxicated person exhibits these symptoms could result in death of the prisoner.

While checking the intoxicated prisoners, you should *ask yourself:*

ARE ANY OF THE PRISONERS TREMBLING AND SHOWING SIGNS OF EXPERIENCING STRANGE HALLUCINATIONS?

If a prisoner trembles in fear thinking he is being attacked by such things as spiders, snakes, insects, etc., his condition—far from being silly or amusing—is *extremely serious*. He may be slipping into a condition commonly known as DT's (delerium tremens).

If you recognize the above symptoms:

CALL A PHYSICIAN IMMEDIATELY AND DESCRIBE THE PRISONER'S CONDITION TO HIM. *THEN:* FOLLOW HIS INSTRUCTIONS CAREFULLY.

Note:

If the prisoner is violent (ie., hurting himself or others) tell the physician. He may suggest that you use a temporary restraint on the prisoner until he gets there. Do not apply restraints, however, unless you get permission to do so.

Many intoxicated persons incur head injuries in tavern brawls or in falls on the pavement or against hard objects. And many admissions officers can detect these problems and refuse to admit the prisoner until he is given a medical exam. However, many "drunks" do enter the jail who are suffering from serious head injuries. For this reason you should be constantly alert for the following symptoms, especially if a prisoner complains of a head injury:

- Is the prisoner dizzy or disoriented?
- Does the prisoner shake his head often?
- Are there any cuts or bruises on the prisoner's head?
- Is blood or a clear liquid flowing from either his nose or ears?
- Is one of his pupils larger than the pupil of the other eye?
- Does he have a high temperature?

If you recognize any of these symptoms, you should:

CALL THE PHYSICIAN IMMEDIATELY AND DESCRIBE THE PRISONER'S CONDITION TO HIM. THEN, FOLLOW HIS INSTRUCTIONS CAREFULLY.

Note:

Whenever *any* prisoner in your jail is bleeding or showing other *signs of* obvious physical injury, he should be referred to a physician. Injuries should never be ignored or treated casually.

Intoxicated persons often show symptoms of serious illness or injury. Below is a list of possible symptoms. See if you can correctly choose the appropriate action to take in each case:

	Not Necessary To Call A Doctor	Call A Doctor
1. Prisoner crying out in fear and trying to shield himself.	☐	☐
2. Prisoner hiccoughing loudly.	☐	☐
3. Unconscious prisoner extremely pale and having difficulty breathing.	☐	☐
4. Prisoner shaking his head frequently and complaining that he fell and hit head on the sidewalk.	☐	☐
5. Prisoner unconscious and perspiring heavily.	☐	☐
6. Prisoner complaining that he can't walk straight.	☐	☐
7. Prisoner has high temperature.	☐	☐
8. Prisoner asleep or unconscious and snoring loudly.	☐	☐
9. Prisoner has dark bruise on forehead and clear liquid flowing from his nose.	☐	☐
10. Prisoner complains of dizziness—pupil in one eye larger than other pupil.	☐	☐

Turn page to check answers . . .

Answers:

	Not Necessary To Call A Doctor	Call A Doctor
1. Prisoner crying out in fear and trying to shield himself.	☐	☒
2. Prisoner hiccoughing loudly.	☒	☐
3. Unconscious prisoner extremely pale and having difficulty breathing.	☐	☒
4. Prisoner shaking his head frequently and complaining that he fell and hit head on the sidewalk.	☐	☒
5. Prisoner unconscious and perspiring heavily.	☐	☒
6. Prisoner complaining that he can't walk straight.	☒	☐
7. Prisoner has high temperature.	☐	☒
8. Prisoner asleep or unconscious and snoring loudly.	☒	☐
9. Prisoner has dark bruise on forehead and clear liquid flowing from his nose.	☐	☒
10. Prisoner complains of dizziness—pupil in one eye larger than other pupil.	☐	☒

A jail officer should not try to diagnose and treat medical problems such as those whose symptoms we have described. Only a trained medical person is qualified to do this. However, it *is* the responsibility of the jail officer to recognize dangerous symptoms and report them immediately to a doctor.

Likewise, although a jail officer is not expected to diagnose and treat *medical illness*, he is required to recognize symptoms of mental illness as they appear in prisoners so that he can refer the prisoner to a psychiatrist or psychologist. On the next few pages, we will discuss some of the symptoms which you should learn to recognize in prisoners.

HALLUCINATIONS can indicate serious mental disturbance.

You have already learned that visual hallucinations occur after continuous use of alcohol and require *immediate medical care*.

It is also possible that, even without using alcohol, some persons think they hear, see, smell, or taste something that is not present. For instance, a prisoner might tell you that he hears voices which direct him to do bad things or hurt others. In such cases, it is possible that the person is seriously disturbed. When a jail officer notices that a prisoner sees, hears, smells, or tastes something which obviously is not present, he should:

REFER THE PRISONER TO A PSYCHOLOGIST OR PSYCHIATRIST FOR AN EXAMINATION.

- Whenever you make a referral such as the one suggested here, it is essential that you accurately describe the prisoner's unusual behavior in detail to the specialist who must make the evaluation. Since you are the one who has the most opportunity to observe the prisoner's behavior, your description will be extremely important.

INTENSE ANXIETY is often a symptom of emotional disturbance. A jail officer can recognize this symptom when a prisoner:

- shakes,
- sweats freely,
- is unable to speak,

or,

- shows other signs of *terror* or *panic in the absence of any real danger or threat*.

When a jail officer recognizes this symptom, he should:

REFER THE PRISONER TO A PSYCHOLOGIST OR PSYCHIATRIST FOR EXAMINATION.

Note:

It is important that you remember that this can be symptom of emotional disturbance only when there is *no real danger or threat to the person*. If a prisoner is experiencing unusual emotional stress—at such times as admission or before his trial—these signs of fear are likely to be the result of nervous tension and not of a serious emotional disturbance. In such cases the prisoner should be given an opportunity to adjust to his new situation before any referrals are made by officers.

"My heart doesn't work any more."

"My stomach has rotted away."

"I have a hole in my head and my thoughts are leaking out."

These are examples of UNREALISTIC PHYSICAL COMPLAINTS. When a prisoner makes complaints of this sort, you should:

REFER HIM TO A PSYCHOLOGIST OR PSYCHIATRIST FOR AN EXAMINATION.

Many people, especially older persons, often talk to themselves. Although this behavior may seem strange or abnormal to another person, it does *not* necessarily indicate any kind of emotional disturbance. However, *when a prisoner frequently carries on conversations with voices that he thinks he hears,* it would be a good idea for the jail officer to:

REFER THE PERSON TO A PSYCHOLOGIST OR PSYCHIATRIST FOR EXAMINATION.

DANGEROUS BEHAVIOR can also be a symptom of emotional disturbance. For instance, if a person attempts suicide or makes sudden unprovoked attacks on others, he may be seriously disturbed. In such cases a jail officer should, in addition to controlling the prisoner:

REFER HIM TO A PSYCHOLOGIST OR PSYCHIATRIST FOR AN EXAMINATION.

Note:

Later on in the chapter, we will discuss the problem of suicidal prisoners more thoroughly.

Choose A, B, or C as the correct procedure to follow in each case:

A—Call a physician immediately
B—Refer prisoner to psychologist or psychiatrist for examination
C—No action necessary—continue to observe

A	B	C	
☐	☐	☐	1. Alex Jenkins is normally a rather quiet, passive prisoner. However, while working on an assigned chore, he sometimes walks over to another working prisoner and punches him or hits him with whatever tool happens to be in his hands. He can never give a reason for his behavior.
☐	☐	☐	2. Bill Moss has been arrested once a month in the past year for drunk and disorderly conduct. This time he was arrested while fighting in a tavern. Several hours after he was admitted, Moss began to complain that he had been hit in the head with a beer bottle earlier in the evening and felt dizzy. Although the officer could find no cuts or bruises on Moss's head, he noticed that there was blood in the prisoner's left ear.
☐	☐	☐	3. Prisoner Joe Sims, 68, is arrested regularly for passing bad checks. When he is alone in his cell, he talks to himself, promising never to commit another crime. And often, while he is working or cleaning up his cell, he talks out loud, making a list of the things he must remember to clean or put away.
☐	☐	☐	4. Prisoner Lester Jackson constantly complains of stomach-aches, headaches, and dizziness. He frequently appears for sick call in the jail. Today he told an officer that he can no longer sleep because whenever he tries to, his lungs turn off and he begins to suffocate.
☐	☐	☐	5. Casey Barnes has just been committed to a county jail. This is the first time he has been in jail. During the admissions procedure, he began to tremble and perspire heavily. Whenever a jail officer came near him, he became increasingly nervous and frightened.
☐	☐	☐	6. Prisoner Roy Ulbricht is noisy and hard to handle most of the time. When he is alone in his cell, he frequently shouts things like, "Leave me alone, go bother someone else, don't touch me!" When the prisoner is asked by jail officers to quiet down, he usually says, "Only if you get those people out of my cell. They're trying to get me into more trouble!"
☐	☐	☐	7. Ray Belmer was arrested on charges of drunk and disorderly conduct. He was placed in the drunk tank so he could "sleep it off". Several hours later, he began calling desperately for help and was found struggling, punching at the air, and trying to get out of the cell. He kept saying, "Look how they're biting and clawing me—they're crawling all over me!"

Turn the page to check your answers . . .

Answers:

1. B— Refer prisoner to psychologist or psychiatrist for examination since the prisoner is exhibiting dangerous behavior.
2. A— Call physician immediately—the presence of blood in the prisoner's ear is a serious symptom of possible head injury.
3. C— No action necessary—continue to observe (Sims is an older man and he talks to himself; he does not appear to be talking to imagined "voices" or imaginary people.)
4. B— Refer to psychologist or psychiatrist for examination because the prisoner is experiencing unrealistic physical complaints.
5. C— No action necessary—continue to observe (chances are Barnes is extremely tense and nervous because of his arrest and fear of the new jail surroundings. He should be watched closely until he begins to adjust to the surroundings. If he doesn't relax in a few days or a week, a referral should be made.)
6. B— Refer prisoner to psychologist or psychiatrist for examination—he is indicating that he hears voices that are not there.
7. A— Call physician immediately—The prisoner is exhibiting symptoms of delerium tremens.

- *Remember,* whenever you refer a prisoner to a specialist for a mental evaluation, be sure that you mention *all* the symptoms you have observed in *detail.*

"The cook is trying to poison my food."

"The President's spies are watching me all the time and are trying to kill me!"

A person who believes he is being watched, that people "are out to get" him or are whispering about him may be showing initial signs of mental disturbance. When a prisoner's beliefs are *obviously* false, such as the above beliefs, a jail officer should:

REFER THE PRISONER TO A PSYCHOLOGIST OR PSYCHIATRIST FOR EXAMINATION.

HOWEVER, it is not always possible to determine whether or not there is some truth in his fears. For instance, a prisoner may claim that other prisoners "have it in for" him and want to "get" him. This claim might, in fact, be well justified. An officer should use his judgment and his knowledge of the jail situation to decide whether or not the prisoner's fear is justified. If he is *not absolutely sure* that the belief is false, the officer should:

OBSERVE THE PRISONER FOR A PERIOD OF TIME TO SEE IF HE SHOWS ANY OTHER, MORE OBVIOUS SYMPTOMS THAT REQUIRE REFERRAL FOR A MENTAL EXAMINATION.

"If I die, the world will surely end."

"Since I am Napoleon, you will have to do exactly as I say."

Such exaggerated ideas about oneself are called *DELUSIONS*. The statements quoted above indicate the beliefs of persons who are obviously disturbed in some way. When a prisoner indicates that he believes such obviously impossible things about himself and his powers, a jail officer should:

REFER THE PRISONER TO A PSYCHOLOGIST OR PSYCHIATRIST FOR EXAMINATION.

HOWEVER, suppose a vagrant insists that he is a "wealthy industrialist"? This is not beyond the realm of possibility. In fact there have been cases in which this kind of claim has been found to be true. In cases where it is difficult to determine whether a prisoner is stating a *delusion* or telling the truth about himself, a jail officer should:

OBSERVE THE PRISONER FOR A PERIOD OF TIME TO SEE IF HE SHOWS ANY OTHER, MORE OBVIOUS SYMPTOMS THAT REQUIRE REFERRAL FOR A MENTAL EXAMINATION.

Often a jail officer cannot recognize a symptom of mental illness until he is familiar with the person's day-to-day behavior. For instance, if an officer gets to know the general characteristics and personalities of individual prisoners well, he will be in a position to notice a SUDDEN SHIFT TO DEPRESSION or a radical change of mood. A sudden shift in the mood of a usually cheerful prisoner can be a serious symptom of a deteriorating mental condition. And an officer who notices such a sudden change should:

REFER THE PRISONER TO A PSYCHOLOGIST OR PSYCHIATRIST FOR AN EXAMINATION.

When a jail officer is not familiar with a prisoner's moods and personality, it will be difficult for him to make a correct referral. For instance, he may not realize that a particular prisoner is always "down-in-the-dumps" and generally unhappy. Or, he may refer a new prisoner for a mental examination when, in fact, it is a normal reaction for a new prisoner to be depressed and unhappy for a period. Over a period of time, you will become more familiar with the signs and symptoms that will require referral to a medical authority. In the meantime, however, do not be hesitant to make numerous referrals. The important thing is for you to be able to *describe the prisoner's behavior in detail* to the proper authority. This person will then be able to make the decision concerning the proper treatment of the prisoner.

Another symptom of possible mental disturbance is LOSS OF MEMORY. Again, this is a symptom which can only be recognized in a prisoner by an officer who has supervised the prisoner for a period of time. The officer may notice that the prisoner forgets that he visited with a family member only a short time ago. Or the prisoner may forget other incidents that the officer knows occurred in the very recent past. If an officer notices that a prisoner is experiencing a *series of memory lapses* such as these, he should:

REFER THE PRISONER TO A PSYCHOLOGIST OR PSYCHIATRIST FOR AN EXAMINATION.

IMPORTANT

Whenever you are dealing with prisoners who may be suffering some mental disturbance, it is important for you to exercise *kindness* and *patience* in all your actions. The vast majority of mentally disturbed persons are not violent and not dangerous. And, although an officer should not lessen security requirements for those who may be mentally ill, he should not be overly firm or harsh towards such prisoners. Abuse, ridicule and unnecessary harshness serve only to disturb them more and make their eventual recovery more difficult.

Although not mentally ill, the *mentally retarded* prisoner is handicapped in a way that might require special attention and treatment. Often prisoners who are mentally retarded appear to be uncooperative when, in fact, they are simply unable to understand and follow orders or remember jail regulations. Although a prisoner may be only mildly retarded, he still may pose problems for jail officers who find they must give him special instructions and must supervise him closely so that other prisoners cannot make fun of him or get him into trouble. Most of the mentally retarded prisoners found in jails do not exhibit exaggerated or strange behavior as do mentally ill persons. Normally they do have the following characteristics in common:

- may often appear confused or have a vacant expression
- may be unable to follow instructions without special explanations
- may break jail rules because they are unable to remember them or because other prisoners, out of "friendship", persuade them to
- are usually very willing to cooperate once they understand what is expected of them and when they are supervised closely

IN GENERAL, an officer who recognizes that a prisoner has certain mental limitations and is mildly retarded will be able to supervise him effectively if he exercises PATIENCE and a willingness to spend extra time teaching the prisoner what is expected of him. If an officer expects too much of a mentally retarded prisoner and assigns complicated tasks to him, he will contribute to the prisoner's confusion and frustration.

A. When supervising a prisoner who shows some signs of *possible mental illness*, a jail officer should:

___ 1) lessen security requirements for the prisoner
___ 2) try to be firm with the prisoner
___ 3) exercise patience and kindness in his dealings with the prisoner

B. And, when supervising a prisoner who appears to be *mentally retarded*, a jail officer should:

___ 1) treat him like all the other prisoners
___ 2) exercise patience and give special instructions when needed
___ 3) put other prisoners in charge of him to keep him out of trouble

Turn page for answers . . .

Answers:

A. Possible mental illness: 3) Exercise patience and kindness in his dealings with the prisoner.

B. Mentally retarded: 2) Exercise patience and give special instructions when needed.

Now, see if you can select the proper actions to take in each of the cases described on the next page.

Select A, B, or C as the correct procedure to follow in each case:

A—Refer prisoner to psychiatrist or psychologist for examination

B—Observe prisoner further for other, more obvious symptoms of mental illness

C—Exercise patience and give special instructions when needed.

A	B	C	
☐	☐	☐	1. Harold White is a frequent prisoner in the jail. While in the jail he is always cheerful and cooperative. During his most recent jail sentence, however, his moods have ranged from his usual pleasant, carefree mood to sudden, severe fits of depression and sullenness.
☐	☐	☐	2. Bill Jones, a prisoner in a county jail, is frequently in trouble for breaking rules. For instance, he often steals food from the kitchen whenever his "friends" tell him to. The officers all agree that Jones is cheerful and always tries to be cooperative. However, they state that he usually has trouble following instructions.
☐	☐	☐	3. Oscar Lessing is a quiet, moody prisoner. In recent weeks he has refused to see any of his family—including his wife and children—because they are "all trying to kill me".
☐	☐	☐	4. James Fields is a new prisoner who was recently arrested and brought to jail on a vagrancy charge. He insists that he is a sociologist and was posing as a vagrant so that he could study real vagrants for an article he plans to write.

Turn page for answers . . .

Answers:

1. A— Refer prisoner to psychiatrist or psychologist for examination—the prisoner is exhibiting signs of a sudden shift to depression.
2. C— Exercise patience and give special instructions when needed—this prisoner shows signs of being mentally retarded.
3. A— Refer prisoner to psychiatrist or psychologist for examination—the prisoner is experiencing obviously false beliefs.
4. B— Observe prisoner further for other, more obvious symptoms of mental illness—it is difficult to determine whether or not this prisoner is experiencing false beliefs or if he is, in fact, the person he says he is.

When a person uses certain drugs over a period of time, he often reaches the point where he becomes "hooked"; that is, physically and mentally dependent on the drug. Some drug addicts can be readily recognized during the admission procedure because they have needle marks or scars on their arms or legs. When drug addicts can be readily identified on admission to the jail, officers can be alerted to watch these people closely for signs of withdrawal symptoms which will occur when the drug is not available to them for a period of time.

Not all drug users that are brought to the jail can be recognized as such. Sometimes they appear to be entirely normal, or seem to be only slightly nervous or confused. And others may appear drunk, mentally disturbed, epileptic or extremely anxious and emotionally upset. A jail officer is not expected to be able to diagnose such persons as drug users. Instead, he should recognize that the prisoner is exhibiting symptoms that require either frequent checks and observation, or immediate medical care. On the next few pages, we will describe the symptoms of drug withdrawal and outline the jail officer's duties toward the drug-addicted prisoner when withdrawal symptoms appear.

Some of the drugs which cause a person to become addicted, or "hooked", are:
OPIATES (such as morphine, heroin and demerol)
BARBITURATES
AMPHETAMINE
COCAINE
PARALDEHYDE

Within one or two days after the last dose of one of these drugs, the drug addicted prisoner usually will begin to show signs of withdrawal. Symptoms of drug withdrawal include:

- severe muscle aching and twitching
- abdominal pains
- restlessness and insomnia
- profuse sweating
- weakness
- hot and cold flashes
- loss of appetite
- weight loss
- vomiting and diarrhea
- anxiety and signs of hysteria
- convulsive seizures (only in barbiturate withdrawal)

During this period of withdrawal, a drug addict will go to great lengths to receive a dose of the drug. And often he may simulate painful illness, multilate himself or physically attack others.

WHENEVER WITHDRAWAL SYMPTOMS BEGIN, THE JAIL OFFICER SHOULD CALL A PHYSICIAN IMMEDIATELY.
THEN: HE SHOULD FOLLOW THE PHYSICIAN'S INSTRUCTIONS CAREFULLY.

The period during and after withdrawal requires close supervision and presents difficult problems for the jail officer. Since this is a period of genuine physical illness and emotional distress for the prisoner, he must receive special care and attention. Also, since it is common for drug addicted prisoners to attempt self-injury or suicide during this period, jail officers must take special precautions to control them and prevent such acts.

Naturally, it is the responsibility of the jail physician to provide proper medical care for the prisoner undergoing withdrawal symptoms. However, the physician may depend on jail officers to *observe the prisoner closely and provide whatever ongoing care the physician requests* throughout the withdrawal period.

The jail officer must also *see that the prisoner undergoing withdrawal is segregated* so that he will not bother others and so that he will not be able to receive smuggled drugs.

Finally, the jail officer is responsible for carefully supervising the prisoner *after withdrawal*. Since the prisoner's desire for the drug may still be present *after* withdrawal, jail officers are justified in being highly suspicious of the prisoner. They should *frequently search the prisoner and his cell* and *supervise his visits closely* to prevent him from receiving smuggled drugs or injection instruments.

Which of the following statements are true and which are false?

True	False	
☐	☐	1. The period of drug withdrawal is one of genuine physical illness.
☐	☐	2. When a prisoner is experiencing drug withdrawal, the jail officer is responsible for carefully observing the prisoner and following the doctor's instructions for special care.
☐	☐	3. A prisoner undergoing drug withdrawal need not be segregated.
☐	☐	4. After a prisoner has undergone withdrawal, the jail officers should conduct frequent checks of the prisoner's cell and supervise his visits closely.
☐	☐	5. After drug withdrawal the prisoner will no longer desire a drug and will no longer be a special problem to the jail.

Turn page to check your answers . . .

Answers:

True	False	
X		1. The period of drug withdrawal is one of genuine physical illness.
X		2. When a prisoner is experiencing drug withdrawal, the jail officer is responsible for carefully observing the prisoner and following the doctor's instructions for special care.
	X	3. A prisoner undergoing drug withdrawal need not be segregated.
X		4. After a prisoner has undergone withdrawal, the jail officers should conduct frequent checks of the prisoner's cell and supervise his visits closely.
	X	5. After drug withdrawal the prisoner will no longer desire a drug and will no longer be a special problem to the jail.

Another type of prisoner who presents special problems and concerns for the jail officer is the depressed prisoner who either threatens or attempts suicide. There are many incorrect beliefs about these people. For instance, many people believe that the person who threatens suicide will not attempt it. THIS BELIEF IS ENTIRELY UNTRUE. In fact, the opposite is true. Persons who threaten suicide attempt it *more often* than those who make no such threat. Many people also believe that a person who threatens suicide can be stopped by encouraging him or by offering to help him do so. THIS BELIEF IS ALSO ENTIRELY UNTRUE. In fact, the opposite is true, ignoring or ridiculing a person's threat or attempt to kill himself is likely to *strengthen* his desire to destroy himself.

The person who threatens or attempts suicide is in *extreme emotional pain*. His threat or attempt to kill himself is perhaps best understood as an effort to let you know how miserable he feels. It is commonly referred to as a "cry for help". In your capacity as a jail officer, it is quite possible that you will have many experiences which involve suicidal prisoners. You should know how to respond to "a cry for help" and what steps you can take to avoid attempted and actual suicides in your jail.

The suicidal person often shows signs of experiencing *deep depression*. A jail officer should become familiar with these signs so that he can take preventive steps and avoid an attempted suicide. A prisoner who is extremely depressed:

- tends to keep to himself and avoid talking to others
- says very little when he does talk—and usually speaks very slowly
- often becomes extremely restless, pacing up and down, wringing his hands
- is often unable to sleep

Whenever you notice these signs of depression in a prisoner, you should consider him as a suicide risk and:

- PLACE THE PRISONER UNDER CLOSE OBSERVATION.

Note:

When you put a prisoner under close observation, you should:

- remove all potentially dangerous items from the cell
- ask other prisoners in the cell to closely observe the prisoner's actions whenever a jail officer cannot be present.
- CONTACT THE JAIL PHYSICIAN IMMEDIATELY AND DESCRIBE THE SYMPTOMS TO HIM
  (In cases of extreme depression, the physician can often prescribe a drug for the prisoner which will help reduce the depression which he is experiencing.)

After you have taken the above emergency precautions:

- REFER THIS PRISONER TO A PSYCHIATRIST OR PSYCHOLOGIST FOR POSSIBLE EXAMINATION

Prisoner James Hickey was admitted to the jail on Sunday night. Officers noticed that after a full week in the jail, Hickey was becoming increasingly despondent and spent most of his time pacing up and down in his cell.

Below are some actions which could be taken. Put an "X" next to those which are *not* appropriate.

___ Segregate the prisoner.
___ Give the prisoner a tranquilizer.
___ Contact the jail physician and describe Hickey's behavior to him.
___ Assign other prisoners to watch Hickey's actions whenever a jail officer cannot be present.
___ Refer the prisoner to a psychiatrist or psychologist for examination.
___ Remove all potentially dangerous items from the cell.

Now, number the appropriate actions in the order in which they should be taken.

Turn the page to check your answer . . .

Answer:

X Segregate the prisoner.
X Give the prisoner a tranquilizer.
3 Contact the jail physician and describe Hickey's behavior to him.
2 Assign other prisoners to watch Hickey's actions whenever a jail officer cannot be present.*
4 Refer the prisoner to a psychiatrist or psychologist for examination.
1 Remove all potentially dangerous items from the cell.

*This is the *only* time that it is advisable to allow prisoners to watch or supervise another prisoner.

Sometimes a prisoner will threaten suicide or even make what appears to be a superficial attempt at suicide. He may, for example, cut shallow scratches on his wrist with a razor blade or nail file. Even when you feel almost certain that the prisoner is "faking" a suicide, you should, nevertheless:

TREAT THE PRISONER AS A SUICIDE RISK.

Often people who merely threaten or "pretend" suicide with superficially inflicted wounds may be emotionally unstable. Without intending to harm themselves, they may mistakenly injure themselves critically. This is especially true of young prisoners who may wound themselves impulsively in order to "teach someone a lesson".

To be on the safe side, a jail officer should treat as suicide risks *all persons who threaten suicide, attempt suicide, or seem unusually depressed.* Again, treating a person as a suicide risk involves:

- Placing the person under close observation:
    1. Carefully searching his cell and removing all dangerous items from his cell.
    2. Assigning other prisoners to watch the prisoner's actions whenever an officer is not present.
- Contacting the jail physician *immediately* and following his instructions regarding treatment of the prisoner.
- Seeing that the prisoner is referred to a psychiatrist or psychologist for examination.

While checking on a row of cells, Matron Elsa Montgomery hears one of the prisoners shouting: "You'd better come quickly, I'm about to hang myself from the pipe on the ceiling!" The matron knows this prisoner well—she is usually trying to get special attention from the matrons by claiming imaginary illnesses and pains.

Knowing that this prisoner could be "faking", the matron should:

___ 1) Ignore the prisoner's threat of suicide
___ 2) Go immediately to the prisoner's cell
___ 3) Finish her cell check and then go to the prisoner's cell
___ 4) Dare the prisoner to go ahead and commit suicide

After answering, turn the page to check your answer . . .

Answer:

2) The matron should go immediately to the prisoner's cell.

As we mentioned earlier, it is extremely important that you regard *all* suicide threats as serious. It is entirely possible that this prisoner *is* "faking", but she might become angered if the matron doesn't appear and actually go through with her threat.

Robert Gale is a new prisoner who has never been in jail before. Gale is considered a model prisoner by some of the jailers because he never causes trouble, talks seldom, and only when asked to, and is always very quiet and undemanding. Several of the prisoners in his cellblock have complained recently that Gale keeps them awake at night pacing up and down in his cell.

The jail officer who receives the complaints about Gale should:

___ 1) Treat Gale as a potential suicide risk
___ 2) Tell the other prisoners that Gale is breaking no rules
___ 3) Ignore the situation unless Gale tells him what is bothering him

Turn page to check your answer . . .

Answer:

1) The jail officer should treat Gale as a potential suicide risk.

A. List some items which might be found in a cell which a prisoner might use to commit suicide:

_____

_____

_____

_____

B. Whenever a prisoner has been placed under close supervision as a suicide risk and a jail officer cannot be present at all times, a good idea is to:

_____

_____

_____

C. List the three things which a jail officer must do when he considers a prisoner a suicide risk:

1. _____

_____

2. _____

_____

3. _____

_____

Turn page for answers . . .

Answers:

A. Belts,
shoe laces,
razor blades,
drinking glasses,
eating utensils,
matches,
safety pins,
and any other potentially dangerous articles that you may find in a cell.

B. Whenever a prisoner has been placed under close supervision as a suicide risk and a jail officer cannot be present at all times, a good idea is to: *ask other prisoners in the cell or cellblock to closely observe the prisoner's actions.*

C. Three things which a jail officer must do when he considers a prisoner a suicide risk are:
PLACE THE PRISONER UNDER CLOSE OBSERVATION
CONTACT THE JAIL PHYSICIAN IMMEDIATELY AND DESCRIBE THE SYMPTOMS TO HIM
REFER THIS PRISONER TO A PSYCHIATRIST OR PSYCHOLOGIST FOR POSSIBLE EXAMINATION.

Persons charged with sex offenses, also present special problems for jail officers. These persons often include exhibitionists, Peeping Toms, child molesters, rapists and homosexuals. Generally, it can be said that such persons are not violent or dangerous. However, they do, in many cases, require close supervision for their own protection. For instance, a man charged with child molesting or rape is often hated by prisoners who consider the crime contemptible and disgusting.

Whenever a jail officer determines that a sex offender will be disliked and resented by the other prisoners, he should:

SEE THAT THE OFFENDER IS HOUSED APART FROM OTHER PRISONERS IF POSSIBLE, AND SUPERVISED CLOSELY.

Robert Bronson is a prisoner in his early twenties who has been jailed for possession of marijuana. Bronson is thin, slight of build, and has blond, wavy hair. He speaks softly and has a slightly effeminate walk.

The jail officers have classified Bronson as a "suspected homosexual" and have put him in a cell with three older and larger, "normal" men to keep him out of trouble.

Do you think the jail officers have acted wisely in this case?

When you have thought of your answer, turn the page . . .

Answer:

The jail officers have *not* acted wisely. Contrary to popular belief, it is not possible to identify a homosexual merely by his appearance. A slim, youthful appearance cannot be used as proof of homosexuality, just as a husky, masculine appearance cannot be used as proof of normalcy. Seeing that the prisoner is small and has a slight build, these officers should have taken care to house him *away* from the larger, stronger men. Countless experiences have shown that aggressive, very masculine prisoners can be homosexual. Often these men are successful in intimidating weaker prisoners and forcing sexual relations on them.

Note:

You may remember that in the chapter on Supervision we discussed some basic rules for cell assignments. If you do not remember this material, you may wish to review it.

Because it is impossible to tell from a man's appearance whether or not he is a homosexual, jail officers must base their supervision decisions on the *actual behavior* of prisoners. For instance, an aggressive homosexual will often befriend a new man, supplying him with extra soap, razor blades, candy, and other items. He may also offer to "protect" the new man from the other prisoners and expect "favors" in repayment.

Often, an officer has no way of knowing that a prisoner is homosexual until he receives prisoner complaints about the man's actions or actually observes him in the process of making advances towards or victimizing other prisoners. It is at this point that the officer should see that the prisoner is housed alone, if possible, and is *closely supervised*. An officer may also wish to refer this type of prisoner to the psychiatrist or psychologist. In some cases, the prisoner may benefit from a consultation and be less of a problem in the jail.

Many sex offenders are emotionally disturbed and often become depressed and suicidal when imprisoned for their offenses. For this reason, it is important that jail officers observe these people closely for signs of depression or other symptoms of emotional disturbance. In many cases, the officer will find it necessary to take precautions to prevent a suicide and to refer a prisoner to a psychiatrist or psychologist for an examination.

> Joseph Cowles, a middle-aged married man with a good reputation in the community, was recently arrested for a sex offense. When brought to the jail, he would not talk to the admissions officer and refused to call his wife or attorney. While changing to jail clothing, the man wept and hung his head down.

What do you think would be the best way of handling this man who is obviously disturbed and depressed?

Turn the page to check your answer . . .

Answer:

A good idea would be to place the man in a cell with another older prisoner who can be trusted to watch him closely and summon officers if he attempts suicide. Naturally, the officers should observe the prisoner closely and make frequent checks on him. Also, as soon as possible, the man should be referred to a psychologist or psychiatrist for an examination and possible treatment.

Diabetes is a disease which prevents the body from using sugar properly and, as a result, causes a number of serious medical complications.

The *diabetic prisoner* presents special problems in the jail. The nature of his illness requires that he receive a special diet and either insulin or special drugs. Although he does not appear to be sick most of the time, he is liable to experience severe reactions periodically from too little or too much insulin or from neglect of his special diet.

When supervising diabetic prisoners, the jail officer must:

1) carefully supervise the use of insulin or drugs
2) recognize the danger signs which signal a serious diabetic condition
3) act quickly and correctly when these signs appear in the diabetic prisoner

Most diabetics are aware of their disease and, if questioned, will tell officers about it when admitted to the jail. When a new prisoner informs officers that he is diabetic, they should:

NOTIFY THE JAIL PHYSICIAN SO THAT HE CAN EXAMINE THE PRISONER AND GIVE INSTRUCTIONS ABOUT DIET AND DRUGS AND MAKE FREQUENT, REGULAR CHECKS OF THE PRISONER.

When a diabetic person has a very high level of blood sugar and has not adequately controlled it with drugs, insulin or diet, he may experience a condition called *diabetic coma*. Early symptoms of this condition are:

- a sweetish, very strong odor on the person's breath
- dry skin, dry mouth and flushed face

If the condition reaches the next stage, the symptoms also include:

- dimmed vision
- fast, exaggerated breathing
- intense thirst
- vomiting and abdominal pain

If the patient does not receive prompt medical treatment, the symptoms will result in:

- loss of consciousness
- death

An easy rule for the jail officer to remember is:

WHEN THE DIABETIC HAS DRY SKIN AND HIS FACE IS FLUSHED, *CALL A DOCTOR IMMEDIATELY.*

Another condition can appear in the diabetic when he has received too much insulin. This condition is known as *insulin shock*. The early symptoms are:

- pale, moist skin
- weakness
- tenseness and shaking that looks much like drunkenness

Later on, when the condition is worse, the symptoms are:

- seizures
- unconsciousness that may result in death

When the prisoner shows the *early* symptoms of having too much insulin, it is possible to control the condition by giving the prisoner any of the following:

CANDY
SUGAR
ORANGE JUICE

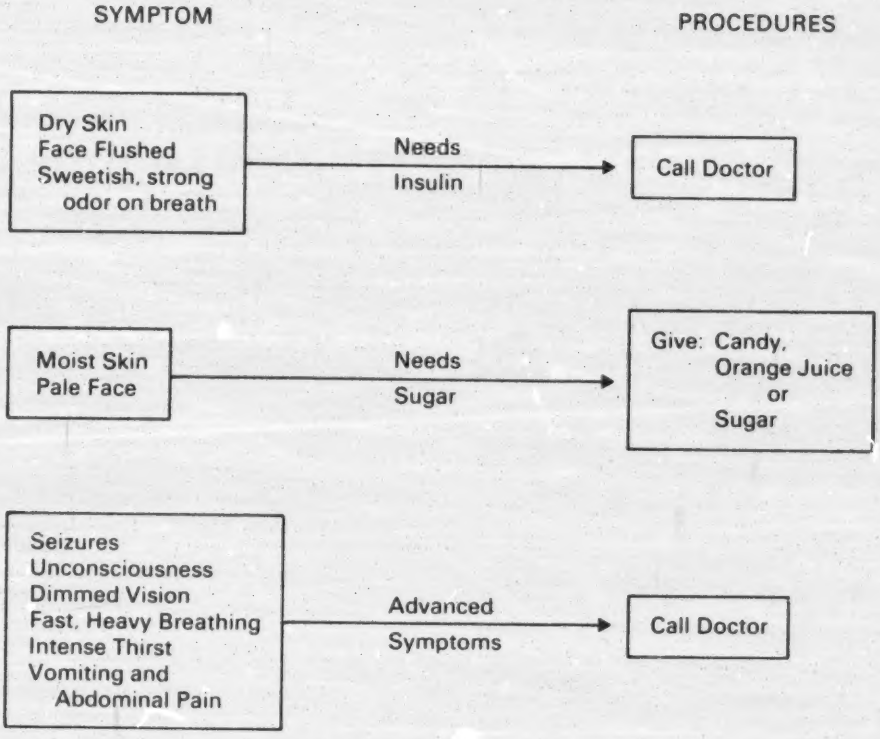
If the diabetic prisoner does not feel better *immediately* after this treatment, the jail officer should:

CALL A DOCTOR

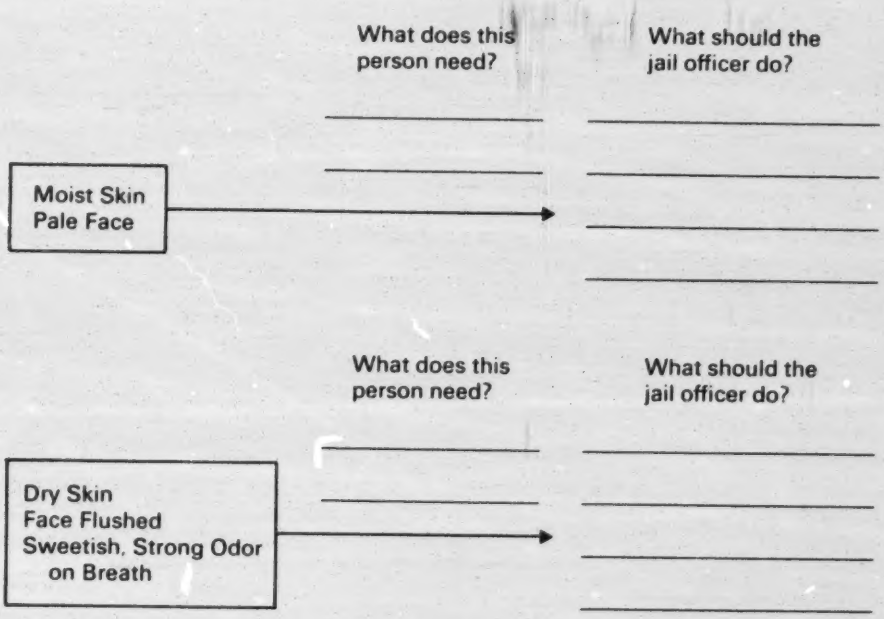
An easy rule to remember is:

WHEN THE DIABETIC HAS MOIST SKIN AND HIS FACE IS PALE GIVE HIM CANDY, SUGAR OR ORANGE JUICE. IF HE DOES NOT FEEL BETTER RIGHT AWAY, CALL A DOCTOR.

RULES FOR TREATING DIABETICS

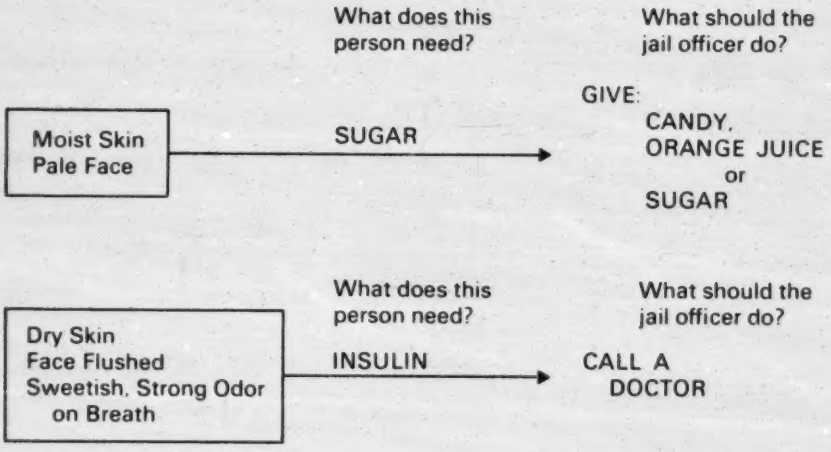


Fill in the correct answers required below:



Turn page to check your answers . . .

Answers:


What does this person need?
What should the jail officer do?
Moist Skin
Pale Face
SUGAR
GIVE:
CANDY,
ORANGE JUICE
or
SUGAR
What does this person need?
What should the jail officer do?
Dry Skin
Face Flushed
Sweetish, Strong Odor on Breath
INSULIN
CALL A DOCTOR

IMPORTANT

Most of the symptoms which we have mentioned can be confused with alcoholic intoxication, drug intoxication, or head injury. Often, a prisoner can be suffering from Diabetes *and* one or more of these other conditions. Perhaps the only symptom which definitely distinguishes a diabetic condition from these other conditions is the distinctive *sweetish, strong odor of the breath*. In any case, it is important to *believe* a prisoner when he tells you he has Diabetes and to watch him carefully for symptoms of diabetic coma or insulin shock.

The newer substitutes for insulin may be taken by mouth. However, some diabetic prisoners may still be using insulin which must be taken by injection. Most diabetic persons are capable of giving themselves insulin injections without supervision. However, in the jail, it is essential that an officer *carefully observe and supervise the self-administration of insulin*. And, most important, the officer must make certain that all of the items used—insulin, needle and syringe—be immediately returned to him after they are used. The insulin must be kept under refrigeration and the needle and syringe must be kept in a locked compartment, away from other prisoners. Any other drugs used by diabetic prisoners must be controlled by officers in the same careful manner as all the other drugs kept in the jail.

Diabetic prisoners often tire of their rigid diet which limits the number of calories, as well as the amount of sugars, fats and protein he is permitted to have each day. And frequently they will try to eat things which they are not permitted and will become ill as a result. A jail officer must take care to see that the diabetic prisoner not only eats all of the food that has been prepared for him, but also is not allowed to eat "smuggled" candy bars or other items which are controlled by his diet.

If a jail officer has reason to believe that the diabetic prisoner has broken his diet or has failed to receive the correct intake of prescribed drugs or insulin, the officer should:

INFORM THE DOCTOR IMMEDIATELY AND REPORT ALL THE KNOWN DETAILS TO HIM.

See if you can correctly describe the correct action to be taken in each of the following cases:

A.

Ray Jones, a diabetic prisoner, calls a jail officer to his cell for help. The officer notices that the prisoner's face is very pale and moist.

What should the officer do?
(write your answer here:)

B.

Charles Teague is a diabetic prisoner whose diet is strictly regulated and who must take regular shots of insulin. On a regular cell inspection, Officer Ken Zweig notices that Teague is chewing something. On closer inspection he finds several empty Hershey Bar wrappers in Teague's pockets.

What should the officer do?

C.

James Nichols, a known diabetic, is found in his cell apparently quite sick. Officer Rhodes notices that Nichols' face is flushed, his skin is dry and he is experiencing breathing difficulties. He also notices that the prisoner's breath has a distinctive sweet odor.

What should the officer do?
(write your answer here)

Turn page to check your answers . . .

Answers:

A. When the face is pale and moist, the officer should give the prisoner candy, sugar, or orange juice. If the prisoner does not feel better right away, he should call a doctor.

B. The officer should call a doctor immediately and tell him that Teague apparently has eaten several Hersney bars.

C. When the face is flushed, the skin dry, breath distinctly sweet and strong, and breathing difficult, the officer should call a doctor immediately.

Epilepsy is a disorder in which a person experiences recurrent convulsive seizures. The cause of such seizures is often unknown but they can be due to:

- head injury
- drug withdrawal
- medical illness

Whenever a prisoner with a history of epileptic seizures is admitted to the jail, he requires special handling. Jail officers must:

INFORM THE DOCTOR SO THAT HE CAN PRESCRIBE TREATMENT OR EVALUATE ANY MEDICATION WHICH THE PRISONER BROUGHT WITH HIM TO THE JAIL.

There are times when prisoners, for any one of a number of reasons, experience epileptic seizures while in jail. And the chances are that the jail officer, not the doctor, will be the person available at the time of seizure to care for the prisoner. For this reason, you should carefully study and learn the steps that must be followed to lessen the danger of an epileptic seizure.

Helping the epileptic prisoner to avoid injury during a seizure is the jailer's main concern. The following are steps you should take to help a prisoner avoid injury during a seizure:

- If a prisoner has advance warning that a seizure is about to occur, ask him to *lie down immediately* (some epileptic persons are able to sense when a seizure is imminent).
- If a prisoner suddenly falls to the floor at the start of a seizure, *remove all nearby objects* that he could injure his head against.

THEN:

- Loosen any clothing around the prisoner's neck.
- Place a padded object between the prisoner's teeth so that he will not bite his tongue or injure his mouth (pieces of soft rubber, several tongue depressors taped together and padded with gauze or any other padded object should be kept handy for these emergency situations).
- Place a folded coat or pillow under the prisoner's head.
- Turn the prisoner's head to one side to permit saliva to run out.
- If the seizure lasts longer than a few minutes or if seizures keep occurring one after another:
  CALL DOCTOR IMMEDIATELY
- When seizure has ended, allow the prisoner to rest or sleep.

Note:

Even when the seizure has been brief and has not necessitated calling a doctor, you should inform the doctor, during his next visit, that the prisoner has had a seizure.

When caring for a prisoner who is having a seizure, there are two things which you should NOT do. These things are:

DO NOT RESTRICT THE PRISONER'S MOVEMENTS IN ANY WAY DURING THE SEIZURE

DO NOT ATTEMPT TO POUR LIQUIDS INTO THE PRISONER'S MOUTH DURING THE SEIZURE

When a prisoner is known to have a history of frequent seizures, he will require closer observation than other, normal prisoners. A good idea is for a jail officer in charge of an epileptic prisoner to place him with prisoners who are capable of giving him emergency aid and summoning the jail officer without delay.

Epileptic prisoners must also be considered when work assignments are being made. Jail officers must take special care not to assign such prisoners to work in which they must operate dangerous machinery or tools, or work near equipment which could be dangerous to them during a seizure.

Write the answers to the following questions:

What are two things which you must *not* do when helping a prisoner experiencing a seizure?

1. _____

_____

2. _____

_____

3. If a prisoner tells you that he is about to have a seizure, you should _____

_____

_____

4. If there is no warning and a prisoner falls to the floor in a seizure, the first thing you should do is: _____

_____

_____

5. If the prisoner is wearing a shirt or jacket with a collar, you should _____

_____

_____

6. You should place a padded object where? _____

7. In order to let the saliva run freely out of the prisoner's mouth, you should

_____

_____

8. You should place a pillow or folded coat where? _____

_____

9. If the seizure lasts more than a few minutes or if other seizures keep occurring one after another, you should _____

_____

_____

10. When the seizure has ended, what should you allow the prisoner to do? _____

_____

Answers:

1. Do not restrict the prisoner's movements in any way during a seizure.
2. Do not attempt to pour liquids into the prisoner's mouth during a seizure.
3. If a prisoner knows that a seizure is about to occur you should *ask him to lie down immediately*.
4. If there is no warning and a prisoner falls to the floor in a seizure, you should *remove all nearby objects*.
5. If the prisoner is wearing a shirt you should *loosen it at the neck*.
6. You should place a padded object where? *Between the prisoner's teeth*.
7. In order to let saliva run freely out of the prisoner's mouth, you should *turn his head to one side*.
8. You should place a pillow, or folded coat where? *Under the prisoner's head*.
9. If the seizure lasts more than a few minutes, or if seizures keep occurring one after another, *CALL THE DOCTOR*.
10. When the seizure has ended, what should you allow the prisoner to do? *Allow the prisoner to sleep or rest*.

Prisoner Joseph Cates has just fallen to the floor of his cell and has begun to experience an epileptic seizure. Can you list the things which a jail officer should do to prevent Cates from hurting himself?

List the steps here:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

Suppose that Cates' seizure seems abnormally long and is followed closely by another equally serious seizure. What should you do in this case?

_____

_____

_____

Turn page when you have written all the answers . . .

Answers:

1. Remove all nearby objects in the cell that Cates could injure his head against.
2. Loosen any clothing around Cates' neck.
3. Place a padded object between the prisoner's teeth.
4. Turn Cates' head to one side to allow the saliva to run out.
5. Place a folded coat or pillow under Cates' head.

Since Cates' seizure seems abnormally long and is followed closely by another equally serious seizure, the officer should CALL A DOCTOR IMMEDIATELY.

This chapter has *not* been designed to teach you how to render First Aid in a number of medical emergencies. It has, instead, emphasized the jail officer's duty to observe all special prisoners carefully, to recognize certain symptoms and make referrals to the proper medical authority, and to take certain steps to avoid possible tragedies from occurring in the jail. It is extremely important for jail officers to realize that they are *not* trained to diagnose and treat symptoms of medical or mental illness. They can, however, fulfill an extremely valuable function by working closely with professional medical people to see that prisoners receive all the medical and preventive services they need. Close cooperation and communication by jail officers are necessary to the proper fulfillment of such a function.

FINAL EXAMINATION FOR A COURSE IN JAIL OPERATIONS

Instructions: The questions below are based on the study course you have just completed. Please read each question carefully. Indicate your answer on the Response Sheet by placing an 'X' in the appropriate box or boxes next to the number of the question you are answering. The Response Sheet is located at the end of this examination. Note that there may be more than one answer to some of the questions. When you have completed the test, return the Response Sheet only to:

U.S. Bureau of Prisons
Community Services Division
101 Indiana Avenue, N.W.
Washington, D.C. 20534

True or False

1. Criminals fall into one or two categories; mentally ill and/or poor.

2. Poverty, social contacts, mental illness, and personality are factors which contribute to criminal behavior.

3. A person loses his legal rights when placed in jail.

4. In a jurisdiction where a jail is required to accept injured or ill prisoners, the admissions officer is not responsible for any deaths or serious illness occurring after admission.

5. The objectives of conducting a strip search are to find any concealed contraband and to determine if the prisoner has lice on his body.

6. Youthful prisoners should be housed apart from older and more experienced prisoners.

7. It is a recommended procedure for jail officers to carry weapons at all times while they are in the jail.

8. Trusties can be trusted to handle keys.

9. It is a good practice to carry keys outside your uniform in order to save wear and tear on clothes.

10. Security equipment such as tool-hardened steel and closed circuit TV is an excellent substitute for supervision by jail officers.

11. A handcuffed prisoner is not an escape problem.

12. Before beginning a trip with a prisoner, the escorting officer should thoroughly search the prisoner.

13. Having the arresting police officer present when admitting a prisoner will make the admissions process easier.

14. Pushing prisoners or speaking loudly while conducting a search usually indicates a lack of confidence and control on the part of the officer.

15. The jail officer can do much to reassure anxious and troubled prisoners during the "critical times" in their confinement.

16. A jail officer should never request an exception to an established jail regulation.

17. A jail officer's personal feelings about a prisoner should not cause him to revoke that prisoner's rights or punish him.

18. A new officer should be tough and strict until he has gained experience and confidence.

19. Jail officers should ignore "Jailer of the Month" elections run by prisoners.

20. A prisoner undergoing drug withdrawal should not be segregated from the other prisoners.

21. After a prisoner has undergone drug withdrawal, jail officers should conduct frequent checks of the prisoner's cell and closely supervise his visits because he will still desire the drug.

22. A prisoner who is to be transferred to another institution does not need to be searched.

23. When a prisoner is experiencing an epileptic seizure, it is best to restrain him. He should be given liquids, if possible.

24. A doctor should be summoned when a prisoner experiences a seizure that lasts more than a few minutes, or if the seizures keep occurring one after another.

25. Discipline and punishment do not mean the same thing; punishment is a "last resort" measure to be used only in serious matters or when positive discipline has failed.

26. Prisoners have a right to confidential visits with their attorneys.

27. Fewer disciplinary problems occur when male jail officers are used to supervise female prisoners.

28. Trusties cannot be trusted to work without supervision; jail mishaps and escapes can be traced to trusties who have been allowed special privileges and/or left unsupervised.

29. Male employees or trusties should not be allowed to enter the female section of the jail unless they are escorted by a matron.

The following are multiple choice questions. Put an X in the appropriate box (or boxes) on the answer sheet. There may be more than one correct answer for each question.

30. Which of these statements of interrogation asked by an admissions officer indicate that the officer is violating the prisoner's rights?

    A. "What is your present home address?"
    B. "At what time did you steal the car?"
    C. "What is your version of what happened and why you were arrested?"
    D. "Are you employed at this time on a regular basis?"

31. Indicate which of the following personal property and injury descriptions are acceptable:

    A. Series of dark purple bruises on right forearm. Some swelling. Noticed during strip search, 5/6/69, 2:30 p.m.
    B. One woman's ring. Silver-colored setting. Bears 15 small diamonds encircling large ruby. No inscription in band.
    C. Bruise over left eye. Noticed when prisoner showed it to me.

32. From the following examples, identify the proper prisoner count prcedure(s):

    A. At night while counting prisoners in a large county jail, an officer scans each cell with a flashlight to see if each bed is occupied.
    B. In one jail, prisoners are required to continue with their cleaning chores while two officers conduct the prisoner count.
    C. One jail officer, while being observed by another officer, pulls back the covers and identifies each prisoner as he conducts the official count.
    D. In one jail which has a series of tiers where cells are located, the jail officer makes his count by visiting the prisoners designated as tier bosses on each level and asking them for an up-to-the minute count.

33. While conducting a frisk search of an overweight prisoner, a jail officer jokingly remarked: "Well, Fats, this is going to take some time; we seem to have a lot of territory to cover." A joking remark such as this contributes to jail climate in what way?

    A. It makes a more relaxed, casual jail climate.
    B. It creates an atmosphere of hostility and tension.
    C. It doesn't affect the climate at all.

34. In one jail, inmates were watching an exciting spy movie on television. The movie was longer than usual and was scheduled to continue for twenty minutes after "lights out." When the inmates asked to be allowed to watch the movie for the extra twenty minutes, the jail officer in charge that night should have:

    A. Ignored their requests and enforced the "lights out" rule.
    B. Approved an exception to the "lights out" rule and allowed the men to watch the rest of the movie.

35. Below is a list of possible symptoms which can be observed when a person is intoxicated. Some of these are serious enough to necessitate calling a doctor; some are not. Indicate those cases for which the doctor should be called.

    A. Prisoner is crying out in fear and trying to shield himself from imaginary assailants.
    B. Prisoner is hiccoughing loudly.
    C. Prisoner is unconscious, extremely pale and having difficulty breathing.
    D. Prisoner is unable to walk straight.
    E. Prisoner complains that his head has been injured in a barroom fight. Pupil of one eye appears larger than the other pupil.
    F. Prisoner has dark bruise on forehead and clear liquid is flowing from nose. He complains of dizziness.
    G. Prisoner has a high temperature.

36. A prisoner makes the following complaint: "I have another hole in my head and my thoughts are leaking out." Sometimes he complains that his stomach has turned to cement. What should a jail officer do about this man?

    A. Observe him closely.
    B. Tell him that his claims are ridiculous.
    C. Refer the prisoner to a psychologist or psychiatrist.

37. An older prisoner, Joe Sims, 68, is arrested regularly for passing bad checks. When he is alone in his cell, he talks to himself while he does his cleaning chores, making a list of things he must remember to pick up or clean. What is the correct procedure for an officer to follow when dealing with this older prisoner?

    A. Call a physician immediately.
    B. Refer the prisoner to a psychologist or psychiatrist.
    C. No action is necessary—continue to observe.

38. Prisoner Albert Toles is noisy and hard to handle most of the time. When he is alone in his cell, although not experiencing DT's, he frequently shouts things like, "Leave me alone, go bother someone else, don't touch me!" When the prisoner is asked to quiet down, he usually says, "Only if you get those people out of my cell. They're trying to get me in trouble again." What is the correct procedure for an officer to follow in this case?

    A. Refer prisoner to psychologist or psychiatrist for examination.
    B. Call a physician immediately.
    C. No action is necessary—continue to observe.

39. When supervising a prisoner who appears to be mentally retarded, a jail officer should:

    A. Treat him like all the other prisoners.
    B. Exercise patience and give special instructions when he needs them.
    C. Put other prisoners in charge of him to keep him out of trouble.

40. Harold White is a frequent prisoner in the jail. While in the jail he is always cheerful and cooperative. During his most recent jail sentence, however, his moods have ranged from his usual pleasant, carefree mood to sudden, severe fits of depression and sullenness. What is the correct procedure for a jail officer to follow in this case?

    A. Refer prisoner to psychiatrist or psychologist for examination.
    B. Observe prisoner further for other, more obvious symptoms of mental illness.

41. When a jail officer recognizes that a prisoner is a suicide risk, there are some actions which he should take. Indicate on the answer sheet those actions which are appropriate when dealing with a suicide risk.

    A. Segregate the prisoner.
    B. Remove all potentially dangerous items from his cell.
    C. Give the prisoner a tranquilizer.
    D. Assign other prisoners to watch the prisoner's actions whenever a jail officer cannot be present.
    E. Contact the jail physician and describe the prisoner's behavior to him.
    F. Call the prisoner's bluff; dare him to go ahead and commit suicide.

42. Some rule infractions are serious enough to merit punishment (isolation, privileges taken away, etc.) rather than more positive methods of discipline (warning, advice on correct behavior, etc.). Indicate on the answer sheet those rule infractions which are most likely to merit punishment rather than positive discipline:

A. Interfering with a prisoner count.
B. Possessing a weapon.
C. Using "silent insolence" towards a jail officer.
D. Attacking another prisoner.
E. Jostling other prisoners in the cafeteria line.
F. Performing a job assignment incorrectly.

43. Mark the items below which correctly describe the ways in which officers should handle violent prisoners:

A. Never allow more than one officer to try to subdue a violent prisoner; a one-to-one struggle is better.
B. Avoid striking or otherwise harming the prisoner.
C. Try to knock the prisoner out first rather than struggling with him.
D. Never attempt to subdue a violent prisoner alone; always seek the help of another officer.

Below are several descriptions of prisoners assigned to various work details in a jail. Indicate on the answer sheet the correct supervisory policy to be used for each man.

44. Prisoner has worked 15 years as a TV repairman; he works well independently and learns quickly on the job.

A. Supervise him closely.
B. Give special encouragement and help.
C. Needs little attention; frequent checks not necessary.

45. Prisoner is young, temperamental and often a trouble-maker. He frequently bothers others, trying to get them to "goof-off" with him.

A. Needs firm close control; frequent checks necessary.
B. Needs little supervision.
C. Needs sympathy and special attention.

46. Prisoner is young and frightened because this is his first jail experience. Although anxious to do his work correctly, he often makes mistakes and is last to finish.

A. Needs little supervision.
B. Needs firm, close control.
C. Needs encouragement and help; should be checked frequently.

47. Prisoner is an older man and has a hearing problem. He often makes mistakes because he has not understood directions properly.

A. Give sympathy and show interest in him.
B. Give special attention and repeat instructions if necessary.
C. Give encouragement and firm supervision.

48. In one jail where trusties operate a food cart service to the cells, a jail officer noticed that an older prisoner was losing weight and becoming extremely weak and feeble. The jail doctor found the man to be suffering from near starvation. An investigation revealed that the younger prisoners in the cellblock, with the help of the trusty serving the food, were taking the older man's food from him and dividing it among themselves. Indicate on the answer sheet the most appropriate solution to this problem:

A. The trusty should be reprimanded.
B. The prisoners should be punished for their cruelty to the old man.
C. A jail officer should be assigned to accompany the food cart operation at all times.

FINAL EXAMINATION FOR A COURSE IN JAIL OPERATIONS

RESPONSE SHEET

DATE: _____ / _____ / _____
MO. DAY YEAR

NAME: _____
LAST FIRST MIDDLE INITIAL

BIRTH DATE: _____ / _____ / _____
MO. DAY YEAR

HOME ADDRESS: _____
STREET OR BOX NO.

_____
CITY/TOWN STATE ZIP CODE

PLACE OF EMPLOYMENT: _____
NAME

_____
STREET OR BOX NO.

_____
CITY/TOWN STATE ZIP CODE

INMATE CAPACITY OF FACILITY: _____

POSITION TITLE: _____

YEARS OF EXPERIENCE IN CORRECTIONAL FIELD: _____

CIRCLE LAST GRADE COMPLETED:

PRE HIGH SCHOOL	HIGH SCHOOL	COLLEGE
3 4 5 6 7 8	9 10 11 12	1 2 3 4 5 6

INSTRUCTIONS: Put an X in the appropriate box or boxes, next to the number of the question being answered.

	T	F
1.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐
5.	☐	☐
6.	☐	☐
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10.	☐	☐
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14.	☐	☐
15.	☐	☐
16.	☐	☐
17.	☐	☐
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21.	☐	☐
22.	☐	☐
23.	☐	☐
24.	☐	☐
25.	☐	☐
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27.	☐	☐
28.	☐	☐
29.	☐	☐

30.	A ☐	B ☐	C ☐	D ☐				
31.	A ☐	B ☐	C ☐					
32.	A ☐	B ☐	C ☐	D ☐				
33.	A ☐	B ☐	C ☐					
34.	A ☐	B ☐						
35.	A ☐	B ☐	C ☐	D ☐	E ☐	F ☐	G ☐	
36.	A ☐	B ☐	C ☐					
37.	A ☐	B ☐	C ☐					
38.	A ☐	B ☐	C ☐					
39.	A ☐	B ☐	C ☐					
40.	A ☐	B ☐						
41.	A ☐	B ☐	C ☐	D ☐	E ☐	F ☐		
42.	A ☐	B ☐	C ☐	D ☐	E ☐	F ☐		
43.	A ☐	B ☐	C ☐	D ☐				
44.	A ☐	B ☐	C ☐					
45.	A ☐	B ☐	C ☐					
46.	A ☐	B ☐	C ☐					
47.	A ☐	B ☐	C ☐					
48.	A ☐	B ☐	C ☐					

RESPONSE 2

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